

or **Fax** (571)-273-2885

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Ruth Montalvo (Depositor's name)

(Signature)

December 11, 2007 (Date)

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Arbon, SWITZERLAND

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1529 (enclose an extra copy of this form).

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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